



California Rural Health Policy Council

2nd Biannual Constituent Satisfaction Survey

December 1999



Gray Davis, *Governor*
State of California

Grantland Johnson, *Secretary*
California Health and Human Services Agency

Fred Johnson, *Executive Director*
California Rural Health Policy Council

Table of Contents

Introduction	3
Survey Methodology	3
Findings	4
California Rural Health Policy Council	4
Service Requests	4
Public Meetings	6
Site Visits	8
Web Site	10
Jobs Available Service	12
Publications	12
Other Services	15
List of Figures	
Figure 1	4
Figure 2	5
Figure 3	5
Figure 4	7
Figure 5	8
Figure 6	10
Figure 7	10
Figure 8	11
Figure 9	12
Figure 10	13
List of Tables	
Table 1	6
Table 2	8
Table 3	9
Table 4	11
Table 5	12
Table 6	13
Table 7	15
Table 8	16
Appendices	
Appendix A - Survey Instrument	17
Appendix B - Survey Results	21

Introduction

The California Rural Health Policy Council (CRHPC) conducts a constituent satisfaction survey every two years. The survey is designed to obtain the opinions of our constituents in order to provide the services to fulfill their needs and requests.

The California Rural Health Policy Council is the focal point for rural health within California state government and uses several means by which to publicize information regarding its mission and services.

The CRHPC is made up of the directors of six of the departments within the Health and Human Services Agency: Department of Health Services, Department of Mental Health, Alcohol and Drug Programs, Emergency Medical Services Authority, the Office of State-wide Health Planning and Development, and the Managed Risk Medical Insurance Board. The CRHPC conducts four public meetings a year throughout California. The Interdepartmental Rural Health Coordinating Committee (IRHCC) is the working group made up of managers from these six departments who represent their respective departments on rural health.

Survey Methodology

The questionnaire consisted of 18 questions, ten of which were multiple choice and 8 of which were open-ended. The questions were designed to determine if our activities were in sync with rural constituents and hear about what could be done to improve our services and what additional services we could provide. Eight open-ended questions allowed for the maximum input from respondents and the detail necessary to improve and expand the CRHPC services.

The 1999 Survey was not sent to a representative sample but to all 1,461 constituents in the CRHPC database which included all Rural Health Clinics (95-210s), Federally Qualified Health Centers (FQHCs) and FQHC Look-alikes in rural areas, all rural hospitals, county health agencies in the fifty-five counties that contain rural areas, health-related associations, and other interested parties. Seventy surveys were returned, a 4.8% return rate.

The CRHPC Office desired that respondents be candid; therefore, we did not require that respondents identify themselves but included a place for them to do so. Approximately one-half of respondents identified themselves.

This report quantifies the findings of the survey and briefly analyzes the implications of the responses, what is currently being done, and what action is planned to satisfy our constituents.

Findings

California Rural Health Policy Council

Question 1: (figure 1)

Did you know that the Rural Health Policy Council is the focal point for rural health within California State government?

Response: Most respondents (84%) know that the CRHPC is the recognized focal point for rural health issues within state government.

Action Plan: The CRHPC Office will continue to disseminate the purpose and mission of the California Rural Health Policy Council.

Did you know that the Rural Health Policy Council is the focal point for rural health within California State government?

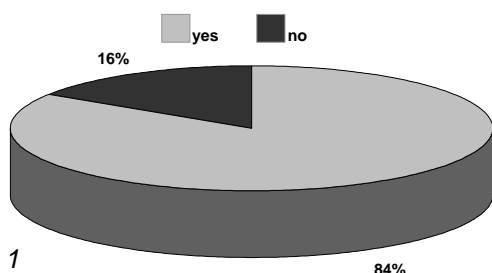


figure 1

Service Requests

Question 2: (figure 2, page 5)

If you contacted the Rural Health Policy Council Office, what was the reason(s) for your call(s)?

Response: General information and funding sources are the leading reasons constituents contact the office.

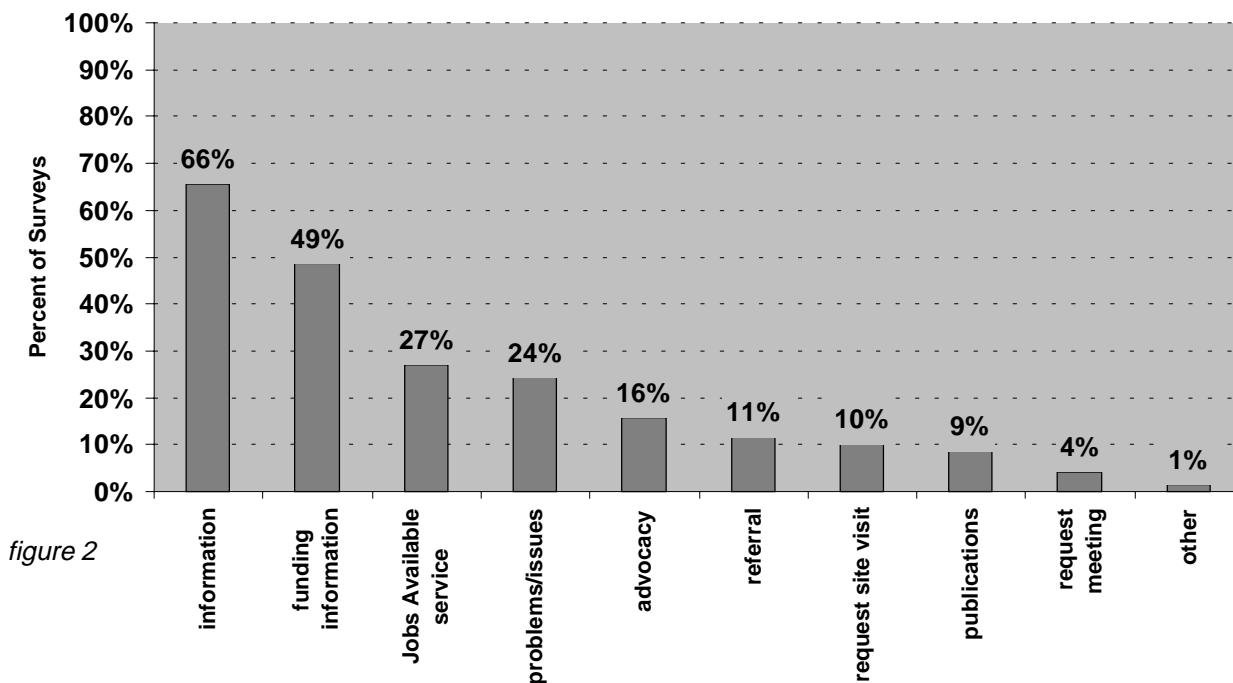
Action Plan: The CRHPC Office will continue to maintain a library of journals, articles, brochures, reports, etc. to have information available for our constituents use.

The Office also stays abreast of the latest legislation affecting Rural Health Clinics (95-210s), Federally Qualified Health Centers, and rural hospitals. The staff attends numerous meetings, workshops, and conferences in order to be familiar with upcoming changes in health care delivery: Developing Rural Integrated Systems; Rural Community Assistance Corporation; Regional Council of Rural Counties; California Primary Care Association; California Healthcare Association/Rural Healthcare Center; County Health Executives Association of California; California Rural Development Corporation; County Medical Service Program committees and Board; Small Counties Committee; Audits and Investigations FQHC regulation steering committee; Telehealth Telemedicine Center; National Association of Rural Health Clinics annual conference; 3R Network annual conference; National Rural Health Association annual conference; California State Rural Health Association; HMO fact-finding committees; and various ad hoc meetings.

The Office refers many constituents to the appropriate contact in each of the member departments of the CRHPC to expedite their requests and questions and to research their problems and concerns.

The Office maintains a toll-free number, an e-mail address, a web site, and convenes four public meetings a year to receive input and questions from our constituents.

If you contacted the Rural Health Policy Council Office, what was the reason(s) for your call(s)? (circle all that apply)

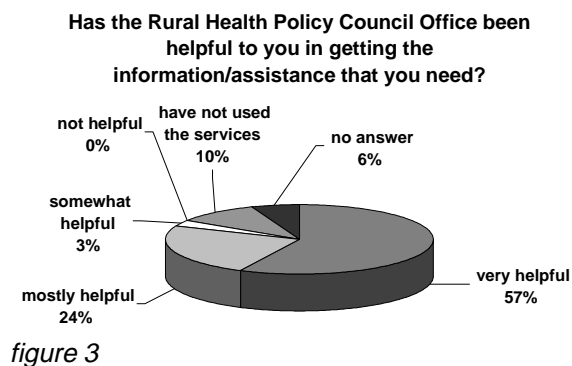


Question 3: (figure 3)

Has the Rural Health Policy Council Office been helpful to you in getting the information/assistance that you need?

Response: Figure 3 shows that 81% are of the opinion that the CRHPC Office is very or mostly helpful in providing the information and assistance to those who contact our office. None thought that the CRHPC Office was not helpful. Only a very small number (3%) thought that the CRHPC office was only somewhat helpful.

Action Plan: The CRHPC Office will strive to satisfy 100% of constituents by answering and/or referring every request for information or assistance.



Public Meetings

Question 4: (table 1)

Please list these and/or other associations with which you would like the Policy Council to hold its public meetings.

Response: The CRHPC holds four public meetings per year. All the meetings in 1999 were held in partnership with other annual conferences which our constituents also attend. These public meetings are convened with the directors of the six member departments of the CRHPC or their designees.

Thirty-three respondents suggested 13 associations and 8 locations with which and where they would like the CRHPC to schedule future public meetings. The entries in table 1 show that the meeting held in partnership with the California Healthcare Association/Rural Healthcare Symposium is the most popular *meeting* with which to partner, followed by the California State Rural Health Association. Of the top three associations listed, CRHPC has already partnered with them for public meetings.

The 1999 Rural Health Policy Council public meetings have been held in conjunction with other statewide association meetings. Following is the CY 1999 schedule.

- 3/19/99 Fish Camp (with the California Healthcare Assn) Rural Health Symposium and the California State Rural Health Association)
- 5/27/99 San Diego (with the National Rural Health Association)
- 10/6/99 Granlibakken, North Lake Tahoe (with the Regional Council of Rural Counties)
- 12/2/99 Monterey (with the California State Association of Counties)

Please list these and/or other associations with which you would like the Policy Council to hold its public meetings

Associations		Locations	
*California Healthcare Assn.	14	*North Lake Tahoe	8
*California State Rural Health Assn.	10	*Northern California	1
*National Rural Health Assn.	5	*Monterey	1
County Health Executives Assn. of Calif	5	Eureka	1
Hospital Council	2	*Fresno	1
California Primary Care Assn	2	Bakersfield	1
Calif Conference of Local Directors of		*Sacramento	1
Maternal, Child, & Adolescent Health	2	*Redding	1
Northern California Rural Roundtable	1		
Kern County Collaborative	1		
Central Valley Health Network	1		
Calif Rural Indian Health Board	1		
CCLHDND	1	* CRHPC has already held public meetings with these associations and/or locations	
California Assn of Healthcare Facilities	1		

table 1

The most popular *location* which the respondents selected was the Granlibakken Conference Center at North Lake Tahoe. Other northern California locations were cited as desirable, such as Redding, Eureka, and Sacramento. Several central valley and southern California locations were noted.

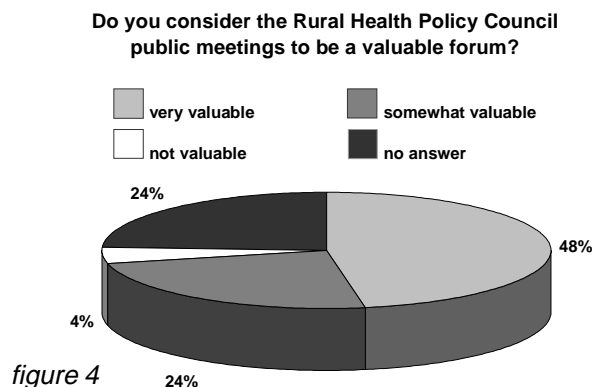
Action Plan: In order to cover as many locations and/or meeting partners as possible over the next few years, the CRHPC will be holding its public meetings in some other locations than previously used in 1999-2000. The associations with which the CRHPC holds its public meetings determine the location. The CRHPC focuses either on the associations or the locations when scheduling its public meetings.

Question 5: (figure 4)

Do you consider the Rural Health Policy Council public meetings to be a valuable forum?

Response: Seventy-two percent of respondents thought the public meetings were a very to somewhat valuable forum. Twenty-four percent did not answer and four percent did not believe it was a valuable forum.

Action Planned: See question six.



Question 6: (table 2, page 8)

Please write any suggestions that would make these public meetings more valuable to you.

Response: Meeting location and distance were indicated as reasons respondents had not attended the public meetings. The answers in table 2 illustrate suggestions to make the public meetings more valuable.

Action Plan: Because the CRHPC responded to the requests from constituents that we schedule our public meetings with other associations, the locations and dates of our public meetings are dictated by those partners.

Issues that are brought before the CRHPC at public meetings are referred to the appropriate department for action and response. The CRHPC Office tracks the issues to make sure that there has been follow-up with the constituent.

In order to make the public meetings more valuable, educational/informational presentations by a variety of organizations and programs were included in the last two public meetings of 1999. This format will likely continue.

The CRHPC is governed by the Bagley-Keene Public Meeting Act which states that a notice must be posted at least ten days before a public meeting is held. Our public meeting notices are sent to all those in our mailing database between two and three weeks before each meeting date.

Please write any suggestions that would make these public meetings more valuable to you

1. Be aware of other meeting conflicts when scheduling
2. Have been unaware of these forums
3. Feedback on action taken (or not taken) on matters brought to the Council's attention
4. Schedule in Central Valley, high desert
5. Educational presentations as planned for Granlibakken
6. More discussion on county health services
7. More often, more locations
8. We are not a rural clinic so not sure if this is applicable to us, but we do serve rural areas
8. I have not attended
9. Have not attended
10. Schedule closer to Siskiyou, Modoc, Shasta counties
11. I haven't been able to attend; too far and too much money
12. Proximity to Siskiyou County
13. Need to know more about what the Council can do for my rural health clinic
14. Distribute agendas/questions in advance
15. Travel assistance for financially strapped clinics
16. Have the Directors attend each meeting & Secretary Johnson once a year

table 2

Site Visits

Question 7: (figure 5)

Has the Rural Health Policy Council Executive Director (Fred Johnson) visited your facility?

Response: 40% of respondents replied that their site had been visited by the Executive Director of the Rural Health Policy Council: As of June 30, 1999, the Executive Director had visited 307 sites. These include 62 hospitals, 96 clinics, 36 county health agencies, 4 freestanding skilled nursing facilities, 55 public associations/organizations, 35 private organizations, 11 foundations, and 8 other.

Action Plan: The Executive Director plans to visit many more sites during the 1999-2000 fiscal year.

Has the Rural Health Policy Council Executive Director (Fred Johnson) visited your facility?

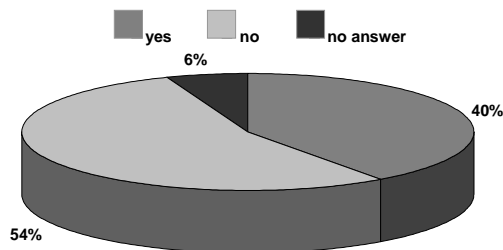


figure 5

Question 8: (table 3)

If yes, what was the most valuable aspect of the visit?

Response: Of the 40% who answered yes to the question in figure 5, 96% answered the follow-up question.

What was the most valuable aspect of the visit?

1. Interest and great follow through
 2. Information & support
 3. Grants information
 4. Was able to see our facility and what opportunities and problems we have
 5. Sharing of information
 6. Familiarity with clinic
 7. To understand our complex program
 8. Just to know he knew where and who we are
 9. Catch up on what's happening
 10. Better understanding of local problems
 11. CRHPC knowledge and understanding of diverse issues
 12. Information exchange
 13. General information
 14. Personalized service - brainstorming - relationship building
 15. Creative ideas about funding sources
 16. Funding information
 17. Being personally known so that he can help with the situations. CRHPC Office has been very helpful to me in various problems our clinic has had.
 18. Conveyed rural concern on the part of the CRHPC for the needs/issues of even very small, isolated clinics in rural CA. Conveyed detailed info on resources available to rural clinics.
 19. Face-to-face education about the CRHPC
 20. We used the visit to share the asset we have in the CRHPC and to have others get to know us better. Better communication has resulted. We were even asked to participate in an El Dorado County meeting regarding Medical Service Study Areas.
-

table 3

Web Site

Question 9: (figure 6)

Do you have Internet access?

Response: Eighty-five percent of the respondents have internet access, a promising statistic considering that some of our constituents are in remote rural areas. Many noted that although they do not currently have internet access, they plan to have it in the near future.

In the 1997 CRHPC Constituent Satisfaction survey, 73% of the respondents had internet access.

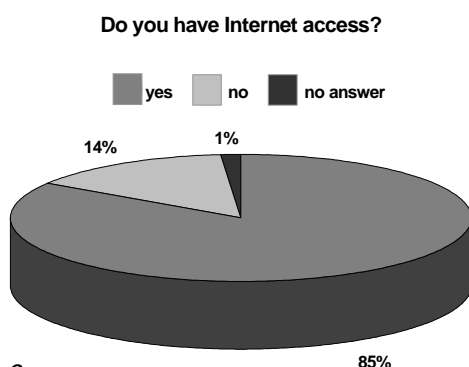


figure 6

Question 10: (figure 7)

Have you visited our web site?

Response: The website contains numerous types of information, from a funding clearinghouse to our Jobs Available Service and links to several other sites, both inside and outside state government.

Just over half of the respondents have visited the CRHPC web site.

Action Plan: Although 85% of the respondents have internet access, only 57% of respondents who had Internet access have visited our website.

The CRHPC Office will take a more ag-

gressive approach to advertising our web site and the information sources it contains. We will also encourage other web sites that are dedicated to rural health to link to the CRHPC web site.

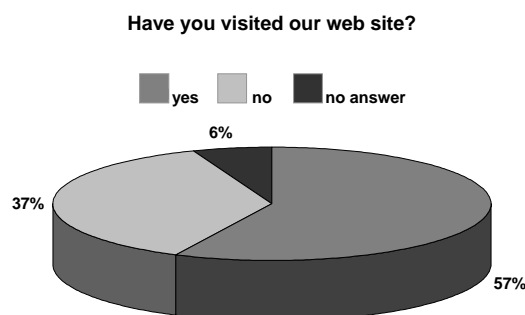


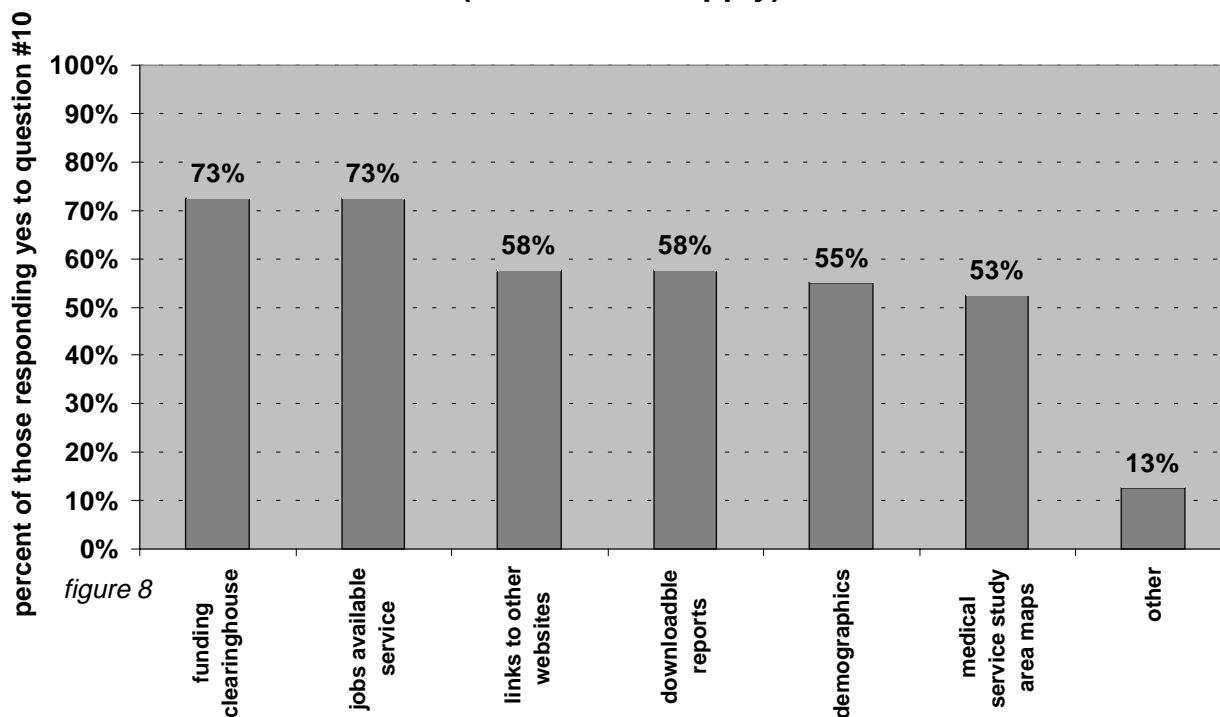
figure 7

Question 11: (figure 8, page 11)

What features of our web site are useful to you? (circle all that apply).

Response: The funding clearinghouse and Jobs Available service are considered useful to three-quarters of those who have visited the site. The other website information categories were useful to approximately half of the respondents.

**What features of our web site are useful to you?
(circle all that apply)**



Question 12: (table 4)

Write any suggestions that would make our web site more useful to you.

Response: Constituents offered various suggestions to make the website more useful.

Action Plan: The web site will be reorganized in the near future to make it easier to navigate.

It will also be expanded to include minutes from the public meetings as well as profiles of the CRHPC members, more grants information, additional links will be added, and the look of the web site will be clearer.

Write any suggestions that would make our web site more useful to you

1. Minutes from meetings
2. Some color print is difficult to read
3. Bios on CRHPC directors
4. Grants and legislative news

table 4

Jobs Available Service

Question 13: (figure 9)

If you have used the no fee Jobs Available Service, why did you use it?

Response: Since the Jobs Available Service is one of the two most popular features of the CRHPC website (refer to figure 8), only a few had not heard of or knew how to use the service.

Fifty-eight percent of the respondents had used the Jobs Available Service, eighty-eight percent of those had used it to list a position for their site.

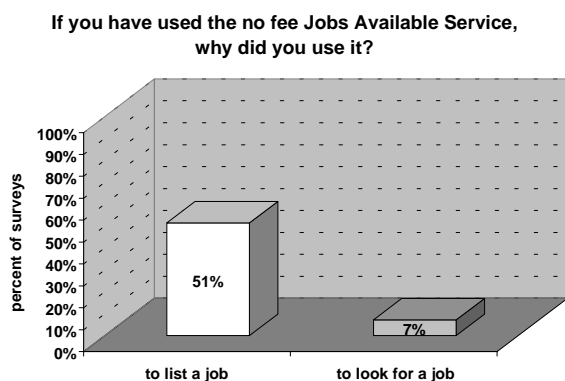


figure 9

Question 14: (table 5)

If you have not used the Jobs Available Service, why not?

Response: Of those who had not used the service, some gave reasons as to why they had not.

Action Plan: The Office has continually publicized the Service and will follow-up on those respondents who are not familiar with it.

If you have not used the Jobs Available Service, why not?

1. I didn't know about it
2. No need - plan to list job opportunity in near future
3. New to facility and rural health
4. No need
5. I wasn't aware of it when it could have been used
6. Don't know how to list a job (I need it spelled out)
7. Don't know about it

table 5

Publications

Question 15: (figure10, page 13)

Which of our publications are useful to you? (circle all that apply).

Response: Readers are most familiar with the Rural Health Newscast. The Newscast is mailed to all CRHPC constituents who receive the public meeting notice, which is at least four times annually.

Twenty-nine percent of respondents believe the Rural Hospital Report is useful, which is quite high considering there are only 72 rural hospitals.

Action Plan: All the reports are available on the CRHPC website and can be downloaded. Hard copies of all reports are provided on request and are free of charge. The publications order form is available on the CRHPC website and can also be ordered by calling the CRHPC Office.

Which of our publications are useful to you? (circle all that apply)

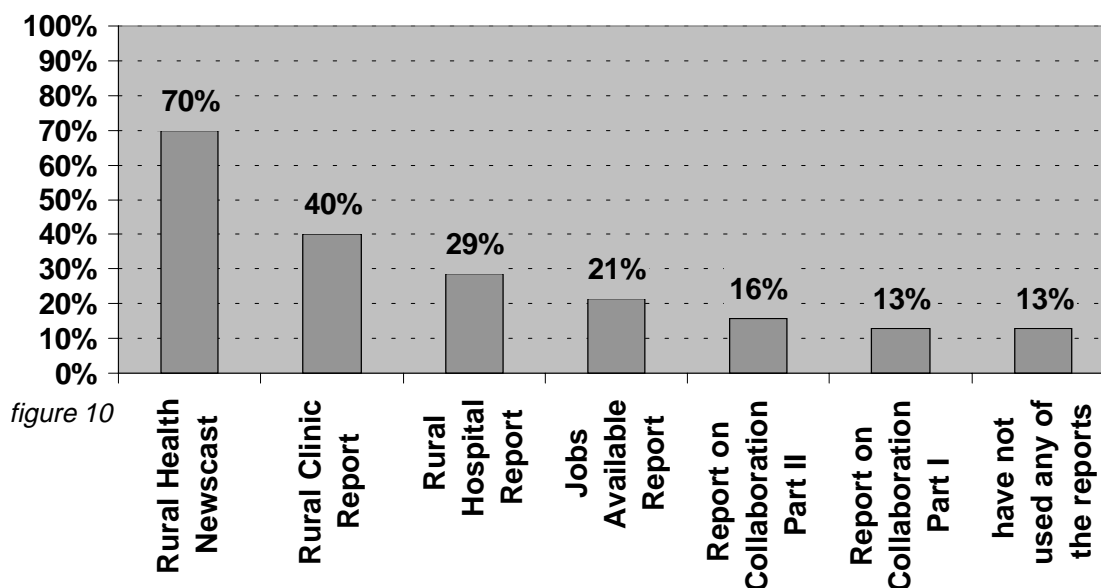


figure 10

Question 16: (table 6)

What reports would you like us to publish that we have not already published?

Response: Respondents named a variety of reports that they want the CRHPC Office to publish, from public health issues to maps.

Action Plan: To address the topic areas in table 6, the CRHPC Office intends to publish “white papers” on areas of critical concern to clinics, hospitals, and local government in rural areas: HMOs in rural areas, as an example.

Monthly and quarterly updates of HPSAs/MUAs/MUPs are under the purview of the Office of Statewide Health Planning and Development and is a member of the CRHPC.

Demographics will be updated in 2001 when Census 2000 data will be available.

What reports would you like us to publish that we have not already published?

1. More on public health issues
2. Monthly/quarterly update of HPSAs/MUAs/MUPs
3. All the maps are very good - census info when available
4. Rural health care needs
5. Legislative bulletin
6. Research papers - various topics
7. Current reports are great but data needs to be more timely

table 6

Medical Service Study Area (MSSA) maps will be updated as the boundaries change. Census tracts in those maps will

be updated when data from the Census 2000 is available.

Legislative information is more difficult to include in the Rural Health Newscast as it often changes daily. The CRHPC website is linked to the state Assembly and Senate websites for the latest legislative news. Federal legislation is available as a link from the CRHPC website as well. However, legislation that addresses a broad spectrum of issues or a single issue with the potential for major impact will be included in the Rural Health Newscast.

Many statewide associations track legislation on a timely and accurate basis.

Rural health care needs have been and will continue to be addressed at the CRHPC public meetings, which now include educational presentations, study findings, the progress and results of pilot projects, and the status of programs, which directly benefit our rural constituents; reports from a myriad of meetings at which the CRHPC Office staff attends; various research papers kept in the CRHPC library, a list of which will be published in the Rural Health Newscast in February 2000. Some of the research papers are available on other web sites and will be so noted in the Newscast.

As part of the CRHPC commitment to provide data and analysis of data, the CRHPC Office will continue to annually update the Rural Clinic Report and the Rural Hospital Report, which will be available on the CRHPC website and in hard copy. The CRHPC Office is planning to publish the same type of report on Long Term Care facilities when the most current data is available.

All facility data is obtained from the Office of Statewide Health Planning and Development (OSHPD).

Question 17: (table 7, page 15)

What other types of information could we include in the Rural Health Newscast that would be useful to you?

Response: The Rural Health Newscast is published four to six times per year and mailed to all those in our database who receive the public meeting notices, which is approximately 1,600.

A variety of suggestions for items to be included in the Newscast were provided by respondents.

Action Plan: We request that our readers contribute information to our newsletter on activities in their communities regarding health care and health care delivery.

The CRHPC Office plans to develop a mass email system to alert our constituents to the Newscast publication dates and to encourage them to contribute success stories, the impact of new laws on service providers, unique solutions to problems, and articles of general interest so that the CRHPC can share them with all constituents.

We continue to update our funding clearinghouse on the CRHPC website with federal, state, local and private funding sources. We also link directly to those funding sources that have web sites.

As we receive information on changes to Medical Service Study Area boundaries (MSSAs), we will include them in the Newscast and will provide MSSA maps with census tracts to those who request them.

"Rural" as defined by the Rural Health Policy Council is patterned after that of the California Health Manpower Policy Commission and is subject to its decisions.

What other types of information could we include in the Rural Health Newscast that would be useful to you?

- | | |
|--|---|
| 1. Unbiased legislative analysis of impact on rural | 6. Status of OSHPD review of MSSA boundaries |
| 2. More info on what other rural counties are doing-grants received/new programs/success stories | 7. Other funding sources that are “rural-friendly” |
| 3. Inspection results and issues that other RHCs are having problems with | 8. Increase focus on environmental health issues |
| 4. County Health Services | 9. Funds available - redefine the population per square mile to be inclusive of the farmworker population |
| 5. Highlight facilities that are teaching models | |
-

table 7

Other Services

Question 18: (table 8, page 16)

What new services would you like the Rural Health Policy Council to offer?

Action Plan: Several of the suggestions in table 8 will be fulfilled via educational presentations at future CRHPC public meetings.

Connection to grant makers in rural health is achieved by the CRHPC through several avenues: the funders meeting between the member departments of the CRHPC and private funding organizations; collaboration with associations at their meetings in which funders present grant opportunities; links to funders websites for rural providers in each Newscast edition.

The CRHPC public meeting is the forum by which constituents can discuss rural issues with the Council and other attendees.

The CRHPC does not have the staff to offer workshops in grant writing, but does publicize grant writing workshops in the Newscast that are provided by other orga-

nizations.

The CRHPC was specifically created to serve rural constituents and to that end it attempts to advocate for legislation and regulations which are intended to help safety net providers remain viable.

A “Medical Equipment Swap/Sale” service using the CRHPC Jobs Available Service model has been considered. Discussions have been initiated with an external entity who may provide this service. Constituents will be notified through the Newscast.

Designation of the California State Office of Rural Health rests with the Director of the California Department of Health Services.

What new services would you like the Rural Health Policy Council to offer?

1. Alternative for quality improvement which is affordable for rural facilities (such as mutual peer review).
2. Connect grant makers in rural health with rural health providers and communities.
3. Technical assistance regarding grant opportunities in rural counties.
4. Advocacy for continuation of rural clinics.
5. Government advocacy to get us paid - continue your efforts here.
6. Rural health issues roundtable.
7. We could use focused advocacy on alcohol and other drug issues in rural areas, specifically methadone access.
8. Workshops on grant writing.
9. Discussion of successful national rural models.
10. More advocacy & mobilization of people and supporters to improve access to care.
11. Locum tenens listing without fee.
12. Medical equipment that can be bought or given to clinics.
13. Be designated California State Office of Rural Health.

table 8

Appendix A

California Rural Health Policy Council

Biannual Constituent Satisfaction Survey

Your input and suggestions will help us serve you better!

Instructions

- Please return this survey to us by September 30, 1999.
- Please circle selected answers. **Select only one answer unless instructed otherwise.**

I. Rural Health Policy Council

1. Did you know that the Rural Health Policy Council is the focal point for rural health within California State government?
a. yes b. no

II. Service Requests

2. If you contacted the Rural Health Policy Council office, what was the reason(s) for your call(s)? (circle all that apply)
a. information b. referral c. request meeting d. problems/issues
e. request site visit f. publications g. Jobs Available h. funding information
i. advocacy j. other
3. Has the Rural Health Policy Council office been helpful to you in getting the information/assistance that you need?
a. very helpful b. mostly helpful c. somewhat helpful d. not helpful
e. not applicable, have not used the services of the office

III. Public Meetings

The 1999 Rural Health Policy Council public meetings have been held in conjunction with other statewide association meetings. Following is the CY 1999 schedule.

3/19/99 – Fish Camp (with the CHA Rural Healthcare Symposium & California State Rural Health Association)

5/27/99 – San Diego (with the National Rural Health Association)

10/6/99 – Granlibakken, North Lake Tahoe (with the Regional Council of Rural Counties)

12/2/99 – Monterey (with the California State Association of Counties)

4. Please list these and/or other associations with which you would like the Policy Council to hold its public meetings.

5. Do you consider the Rural Health Policy Council public meetings to be a valuable forum?
a. very valuable b. somewhat valuable c. not valuable

6. Please write any suggestions that would make these public meetings more valuable to you.

IV. Site Visits

7. Has the Rural Health Policy Council Executive Director/Liaison (Fred Johnson) visited your facility?
a. yes b. no
8. If yes, what was the most valuable aspect of the visit?

Note: If you would like Fred Johnson to visit your facility, call 1-800-237-4492 to schedule a convenient time.

V. Web site (our web site address is <http://www.ruralhealth.ca.gov>)

9. Do you have Internet access?
a. yes b. no
10. Have you visited our web site?
a. yes b. no
11. What features of our web site are useful to you? (circle all that apply)
a. funding clearinghouse b. links to other web sites
c. Jobs Available service d. Medical Service Study Area Maps
e. demographics f. downloadable reports
g. other
12. Write any suggestions that would make our web site more useful to you.
-

VI. Jobs Available Service

13. If you have used the no fee Jobs Available Service, why did you use it?
a. to list a job b. to look for a job
14. If you have not used the Jobs Available Service, why not?
-

VII. Publications

15. Which of our publications are useful to you? (circle all that apply).
a. Rural Clinic Report b. Rural Hospital Report c. Jobs Available Report
d. Rural Health Newscast e. Report on Collaboration Part I
f. Report on Collaboration Part II g. have not used any of the reports
16. What reports would you like us to publish that we have not already published?
-
17. What other types of information could we include in the Rural Health Newscast that would be useful to you?
-

VIII. Other Services

18. What new services would you like the Rural Health Policy Council to offer?
-

Optional:

Name: _____ Title: _____
Name of Organization: _____ Telephone: () _____
Email: _____

Thank you for completing and returning this survey!

Fax to: 1-916-654-2871 or mail to:
The Rural Health Policy Council
1600 Ninth Street, Rm 439C
Sacramento, CA 95814
Attention: Patricia Martin

Appendix B

Survey Results

<u>Question</u>	<u>Answers</u>					
1 a,b, NA	59	11	0			
2 a	46					
2 b	8					
2 c	3					
2 d	17					
2 e	7					
2 f	6					
2 g	19					
2 h	34					
2 i	11					
2 j	1					
3 a,b,c,d,e, NA	40	17	2	0	7	4
5 a,b,c, NA	33	17	3	17		
7 a,b, NA	28	38	4			
9 a,b, NA	59	10	1			
10 a,b, NA	40	26	4			
11 a	29					
11 b	23					
11 c	29					
11 d	21					
11 e	22					
11 f	23					
11 g	5					
13 a	36					
13 b	5					
15 a	28					
15 b	20					
15 c	15					
15 d	49					
15 e	9					
15 f	11					
15g	9					

NA = No Answer